

**COMMITMENT & INTEGRITY
DRIVE RESULTS**

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To: Ann Herrick, Industrial NPDES Permits

Company: Environmental Protection Agency

F: 617-918-0505

T:

From: John A. Thompson, LSP

F: 781-251-0847

T: 781-251-0200

Pages including cover: 12 Date: December 14, 2007

Dear Ann:

Please find attached a Notice of Intent (NOI) for the Remediation General Permit for the Site located at 232 Lexington Street in Waltham, MA.

Please feel free to contact me with any issues, questions or concerns.

John A. Thompson, L.S.P.
Vice President

Woodard & Curran
980 Washington Street, Suite 325
Dedham, MA 02026
Phone: 781-251-0200
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B. Suggested Form for Notice of Intent (NOI) for the Remediation General Permit

1. General site information. Please provide the following information about the site:

a) Name of facility/site: Ideal Concrete Block		Facility/site address:	
Location of facility/site: longitude: <u>-71.14</u> latitude: <u>42.23</u>	Facility SIC code(s): <u>NA</u>	Street: 232 Lexington Street	
b) Name of facility/site owner: Ideal Concrete Block		Town: Waltham	
Email address of owner: tom_bergin@idealconcreteblock.com	State: MA	Zip: 02452	County: Middlesex
Telephone no. of facility/site owner: 978-692-3076			
Fax no. of facility/site owner: 978-692-0817	Owner is (check one): 1. Federal <input type="checkbox"/> 2. State/Tribal <input type="checkbox"/>		
Address of owner (if different from site):	3. Private <input checked="" type="checkbox"/> 4. other, if so, describe:		
Street: 45 Power Road, P.O. Box 747			
Town: Westford	State: MA	Zip: 01886	County: Middlesex
c) Legal name of operator:	Operator telephone no: 978-692-3076		
Triple "B" Construction, LLC	Operator fax no.: 978-692-0817		Operator email: tom_bergin@idealconcreteblock.com
Operator contact name and title: Tom Bergin			
Address of operator (if different from owner):		Street: 45 Power Road, P.O. Box 747	
Town: Westford	State: MA	Zip: 01886	County: Middlesex
d) Check "yes" or "no" for the following:			
1. Has a prior NPDES permit exclusion been granted for the discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if "yes," number:			
2. Has a prior NPDES application (Form 1 & 2C) ever been filed for the discharge? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if "yes," date and tracking #:			
3. Is the discharge a "new discharge" as defined by 40 CFR 122.2? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
4. For sites in Massachusetts, is the discharge covered under the MA Contingency Plan (MCP) and exempt from state permitting? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

e) Is site/facility subject to any State permitting or other action which is causing the generation of discharge? Yes ☒ No ☐

If "yes," please list:

MA RTN 3-17713

1. site identification # assigned by the state of NH or MA:

2. permit or license # assigned:

3. state agency contact information: name, location, and telephone number:

MassDEP Northeast Regional Office 978-694-3200

f) Is the site/facility covered by any other EPA permit, including:

1. multi-sector storm water general permit? Y ☐ N ☒, if Y, number:

2. phase I or II construction storm water general permit? Y ☐ N ☒, if Y, number:

3. individual NPDES permit? Y ☐ N ☒, if Y, number:

4. any other water quality related permit? Y ☐ N ☒, if Y, number:

2. Discharge Information. Please provide information about the discharge, (attaching additional sheets as needed) including:

a) Describe the discharge activities for which the owner/applicant is seeking coverage:

Operation and maintenance of a construction dewatering treatment system.

b) Provide the following information about each discharge:

1) Number of discharge points:

one(1)

2) What is the maximum and average flow rate of discharge (in cubic feet per second, ft³/s)? Max. flow 70 gpm

Average flow 50 gpm (est) Is maximum flow a design value? Y ☐ N ☒

For average flow, include the units and appropriate notation if this value is a design value or estimate if not available.

3) Latitude and longitude of each discharge within 100 feet: pt.1: long. -71.14 lat. 42.23; pt.2: long. lat.; pt.3: long. lat.; pt.4: long. lat.; pt.5: long. lat.; pt.6: long. lat.; pt.7: long. lat.; pt.8: long. lat.; etc.

4) If hydrostatic testing, total volume of the discharge (gals):

5) Is the discharge intermittent ☒ or seasonal ☐?
Is discharge ongoing Yes ☐ No ☒?

c) Expected dates of discharge (mm/dd/yy): start 03/01/08 end 08/30/08

d) Please attach a line drawing or flow schematic showing water flow through the facility including:

1. sources of intake water, 2. contributing flow from the operation, 3. treatment units, and 4. discharge points and receiving waters(s).

3. **Contaminant information.** In order to complete this section, the applicant will need to take a minimum of one sample of the untreated water and have it analyzed for all of the parameters listed in Appendix III. Historical data, (i.e., data taken no more than 2 years prior to the effective date of the permit) may be used if obtained pursuant to: i. Massachusetts' regulations 310 CMR 40.0000, the Massachusetts Contingency Plan ("Chapter 21E"); ii. New Hampshire's Title 50 RSA 485-A: Water Pollution and Waste Disposal or Title 50 RSA 485-C: Groundwater Protection Act; or iii. an EPA permit exclusion letter issued pursuant to 40 CFR 122.3, provided the data was analyzed with test methods that meet the requirements of this permit. Otherwise, a new sample shall be taken and analyzed.

a) Based on the analysis of the sample(s) of the untreated influent, the applicant must check the box of the sub-categories that the potential discharge falls within.

Gasoline Only	VOC Only	Primarily Metals	Urban Fill Sites	Contaminated Sumps	Mixed Contaminants	Aquifer Testing
Fuel Oils (and Other Oils) only	VOC with Other Contaminants	Petroleum with Other Contaminants ✓	Listed Contaminated Sites	Contaminated Dredge Condensates	Hydrostatic Testing of Pipelines/Tanks	Well Development or Rehabilitation

b) Based on the analysis of the untreated influent, the applicant must indicate whether each listed chemical is **believed present** or **believed absent** in the potential discharge. Attach additional sheets as needed.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
1. Total Suspended Solids		✓	1	grab	2540D	2000*	39500			
2. Total Residual Chlorine		✓	1	grab	4500-Cl-G	10	100			
3. Total Petroleum Hydrocarbons		✓	1	grab	8100 mod.		764			
4. Cyanide	✓		1	grab	9010B	10	ND			
5. Benzene	✓		1	grab	8260B	1.0	ND			
6. Toluene	✓		1	grab	8260B	1.0	ND			
7. Ethylbenzene	✓		1	grab	8260B	1.0	ND			
8. (m,p,o) Xylenes	✓		1	grab	8260B	3.0	ND			
9. Total BTEX ⁴	✓		1	grab	8260B	6.0	ND			

⁴ BTEX = Sum of Benzene, Toluene, Ethylbenzene, total Xylenes.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
10. Ethylene Dibromide ⁵ (1,2- Dibromo-methane)	✓		1	grab	8260B	1.0	ND			
11. Methyl-tert-Butyl Ether (MtBE)	✓		1	grab	8260B	1.0	ND			
12. tert-Butyl Alcohol (TBA)	✓		1	grab	8260B	1.0	ND			
13. tert-Amyl Methyl Ether (TAME)	✓		1	grab	8260B	1.0	ND			
14. Naphthalene	✓		1	grab	8260B	1.0	ND			
15. Carbon Tetra-chloride	✓		1	grab	8260B	1.0	ND			
16. 1,4 Dichlorobenzene	✓		1	grab	8260B	1.0	ND			
17. 1,2 Dichlorobenzene	✓		1	grab	8260B	1.0	ND			
18. 1,3 Dichlorobenzene	✓		1	grab	8260B	1.0	ND			
19. 1,1 Dichloroethane	✓		1	grab	8260B	1.0	ND			
20. 1,2 Dichloroethane	✓		1	grab	8260B	1.0	ND			
21. 1,1 Dichloroethylene	✓		1	grab	8260B	1.0	ND			
22. cis-1,2 Dichloro-ethylene	✓		1	grab	8260B	1.0	ND			
23. Dichloromethane (Methylene Chloride)	✓		1	grab	8260B	3.0	ND			
24. Tetrachloroethylene	✓		1	grab	8260B	1.0	ND			

⁵ EDB is a groundwater contaminant at fuel spill and pesticide application sites in New England.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily Value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
25. 1,1,1 Trichloroethane	✓		1	grab	8270	1.0	ND			
26. 1,1,2 Trichloroethane	✓		1	grab	8270	1.0	ND			
27. Trichloroethylene	✓		1	grab	8270	1.0	ND			
28. Vinyl Chloride	✓		1	grab	8270	1.0	ND			
29. Acetone	✓		1	grab	8270	5.0	ND			
30. 1,4 Dioxane	✓		1	grab	8270	50	ND			
31. Total Phenols	✓		1	grab	8270	50	ND			
32. Pentachlorophenol	✓		1	grab	8270	10	ND			
33. Total Phthalates ⁶ (Phthalate esters)	✓		1	grab	8270	9.0	ND			
34. Bis (2-Ethylhexyl) Phthalate [Di-(ethylhexyl) Phthalate]	✓		1	grab	8270	3.0	ND			
35. Total Group I Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	grab	8270	7.0	ND			
a. Benzo(a) Anthracene	✓		1	grab	8270	1.0	ND			
b. Benzo(a) Pyrene	✓		1	grab	8270	1.0	ND			
c. Benzo(b) Fluoranthene	✓		1	grab	8270	1.0	ND			
d. Benzo(k) Fluoranthene	✓		1	grab	8270	1.0	ND			
e. Chrysene	✓		1	grab	8270	1.0	ND			

⁶ The sum of individual phthalate compounds.

PARAMETER	Believe Absent	Believe Present	# of Samples (1 min- imum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Average daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
f. Dibenzo(a,h) anthracene	✓		1	grab	8270	1.0	ND			
g. Indeno(1,2,3-cd) Pyrene	✓		1	grab	8270	1.0	ND			
36. Total Group II Polycyclic Aromatic Hydrocarbons (PAH)	✓		1	grab	8270	9.0	ND			
h. Acenaphthene	✓		1	grab	8270	1.0	ND			
i. Acenaphthylene	✓		1	grab	8270	1.0	ND			
j. Anthracene	✓		1	grab	8270	1.0	ND			
k. Benzo(ghi) Perylene	✓		1	grab	8270	1.0	ND			
l. Fluoranthene	✓		1	grab	8270	1.0	ND			
m. Fluorene	✓		1	grab	8270	1.0	ND			
n. Naphthalene-	✓		1	grab	8270	1.0	ND			
o. Phenanthrene	✓		1	grab	8270	1.0	ND			
p. Pyrene	✓		1	grab	8270	1.0	ND			
37. Total Polychlorinated Biphenyls (PCBs)	✓		1	grab	8270	1.6	ND			
38. Antimony	✓		1	grab	8270	10	ND			
39. Arsenic		✓	1	grab	8270	25	26			
40. Cadmium	✓		1	grab	8270	5	ND			
41. Chromium III	✓		1	grab	8270	10	ND			
42. Chromium VI	✓		1	grab	8270	10	ND			

PARAMETER	Believe Absent	Believe Present	# of Samples (1 minimum)	Type of Sample (e.g., grab)	Analytical Method Used (method #)	Minimum Level (ML) of Test Method	Maximum daily value		Avg. daily value	
							concentration (ug/l)	mass (kg)	concentration (ug/l)	mass (kg)
43. Copper	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	grab	6010B	20	30			
44. Lead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	grab	6010B	5	29			
45. Mercury	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	grab	7470A	0.2	0.3			
46. Nickel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	grab	6010B	5	ND			
47. Selenium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	grab	6010B	30	ND			
48. Silver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	grab	6010B	5	ND			
49. Zinc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	grab	6010B	20	150			
50. Iron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	grab	6010B	100	1300			
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>								

c) For discharges where metals are believed present, please fill out the following:

<p><i>Step 1:</i> Do any of the metals in the influent have a reasonable potential to exceed the effluent limits in Appendix III (i.e., the limits set at zero to five dilutions)? Y <input type="checkbox"/> N <input checked="" type="checkbox"/></p>	<p>If yes, which metals?</p>
<p><i>Step 2:</i> For any metals which have reasonable potential to exceed the Appendix III limits, calculate the dilution factor (DF) using the formula in Part I.A.3.c) (step 2) of the NOI instructions or as determined by the State prior to the submission of this NOI. What is the dilution factor for applicable metals? Metals: _____ DF: _____</p>	<p>Look up the limit calculated at the corresponding dilution factor in Appendix IV. Do any of the metals in the influent have the potential to exceed the corresponding effluent limits in Appendix IV (i.e., is the influent concentration above the limit set at the calculated dilution factor)? Y <input type="checkbox"/> N <input type="checkbox"/> If "Yes," list which metals:</p>

4. Treatment system information. Please describe the treatment system using separate sheets as necessary, including:

a) A description of the treatment system, including a schematic of the proposed or existing treatment system:						
b) Identify each applicable treatment unit (check all that apply):	Frac. tank <input checked="" type="checkbox"/>	Air stripper	Oil/water separator	Equalization tanks	Bag filter <input checked="" type="checkbox"/>	GAC filter <input checked="" type="checkbox"/>
	Chlorination	Dechlorination	Other (please describe):			
c) Proposed average and maximum flow rates (gallons per minute) for the discharge and the design flow rate(s) (gallons per minute) of the treatment system: Average flow rate of discharge ⁵⁰ _____ Maximum flow rate of treatment system ⁷⁰ _____ Design flow rate of treatment system ⁷⁰ _____						
d) A description of chemical additives being used or planned to be used (attach MSDS sheets):						

5. Receiving surface water(s). Please provide information about the receiving water(s), using separate sheets as necessary:

a) Identify the discharge pathway:	Direct _____	Within facility _____	Storm drain <input checked="" type="checkbox"/>	River/brook _____	Wetlands _____	Other (describe):
b) Provide a narrative description of the discharge pathway, including the name(s) of the receiving waters: Into storm drain, which discharges to Chester Brook						
c) Attach a detailed map(s) indicating the site location and location of the outfall to the receiving water: 1. For multiple discharges, number the discharges sequentially. 2. For indirect discharges, indicate the location of the discharge to the indirect conveyance and the discharge to surface water The map should also include the location and distance to the nearest sanitary sewer as well as the locus of nearby sensitive receptors (based on USGS topographical mapping), such as surface waters, drinking water supplies, and wetland areas.						
d) Provide the state water quality classification of the receiving water <u>Class B</u>						
e) Provide the reported or calculated seven day-ten year low flow (7Q10) of the receiving water <u>0.0686</u> cfs Please attach any calculation sheets used to support stream flow and dilution calculations.						
f) Is the receiving water a listed 303(d) water quality impaired or limited water? Yes _____ No <input checked="" type="checkbox"/> If yes, for which pollutant(s)? Is there a TMDL? Yes _____ No <input checked="" type="checkbox"/> If yes, for which pollutant(s)?						

6. Results of Consultation with Federal Services: Please provide the following information according to requirements of Part I.B.4 and Appendices II and VII.


a) Are any listed threatened or endangered species, or designated critical habitat, in proximity to the discharge? Yes ☐ No ☒
 Has any consultation with the federal services been completed? Yes ☐ No ☒ or is consultation underway? Yes ☐ No ☒
 What were the results of the consultation with the U.S. Fish and Wildlife Service and/or National Marine Fisheries Service (check one):
 a "no jeopardy" opinion? ☐ or written concurrence ☐ on a finding that the discharges are not likely to adversely affect any endangered species or critical habitat?
 b) Are any historic properties listed or eligible for listing on the National Register of Historic Places located on the facility or site or in proximity to the discharge?
 Yes ☐ No ☒ Have any state or tribal historic preservation officer been consulted in this determination (Massachusetts only)? Yes ☐ No ☒

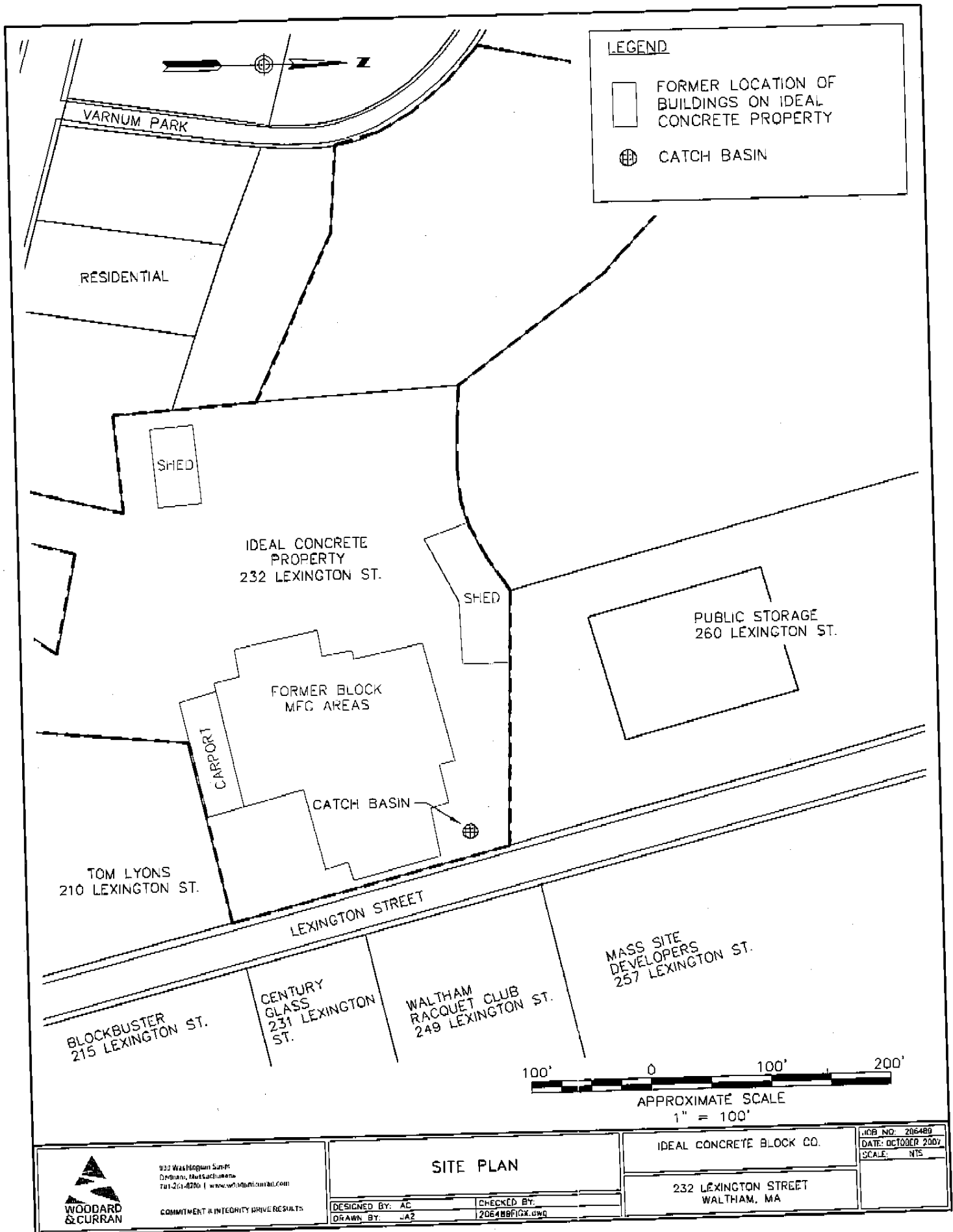
7. Supplemental Information:

Please provide any supplemental information. Attach any analytical data used to support the application. Attach any certification(s) required by the general permit.

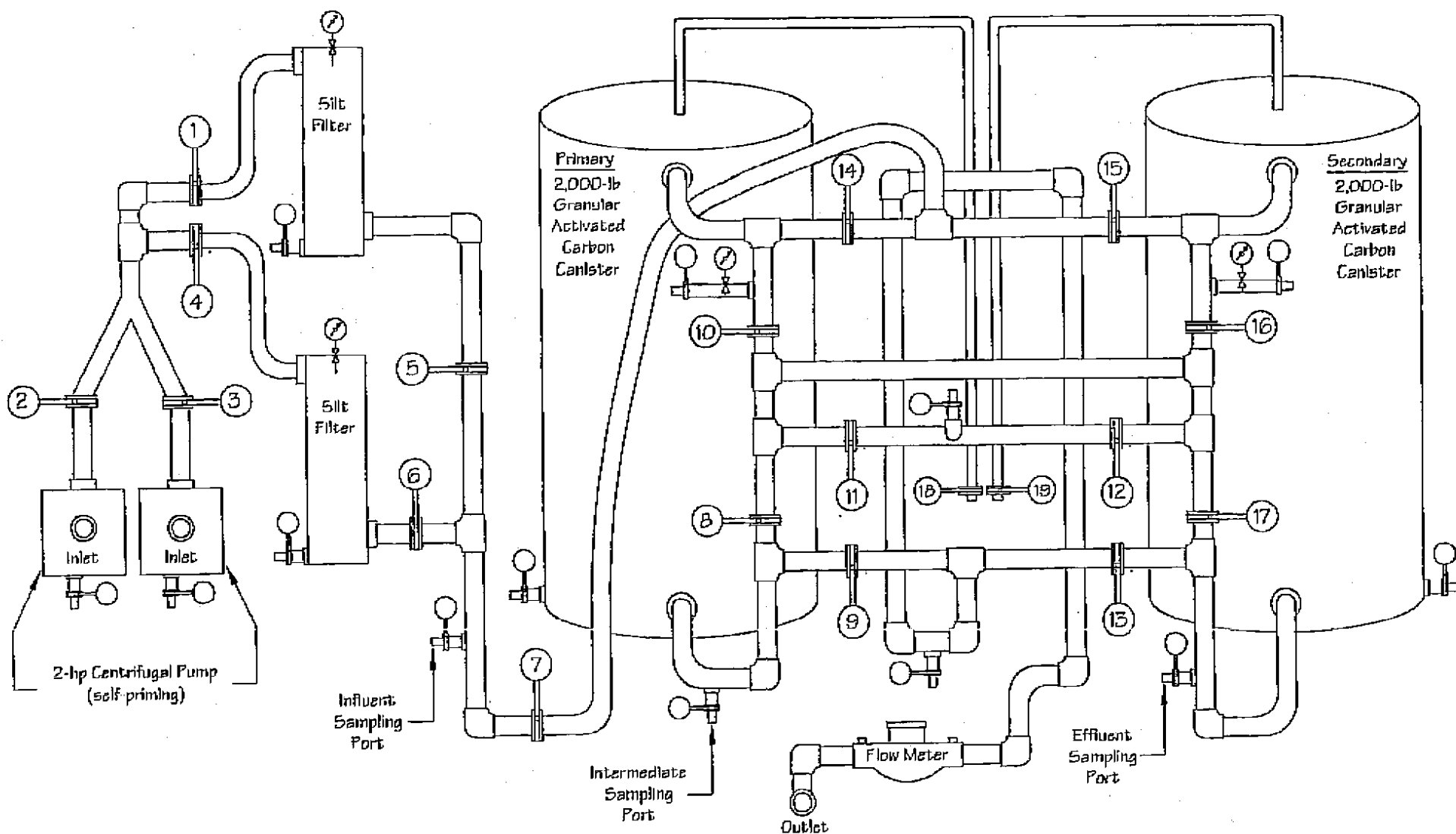
8. Signature Requirements: The Notice of Intent must be signed by the operator in accordance with the signatory requirements of 40 CFR Section 122.21, including the following certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

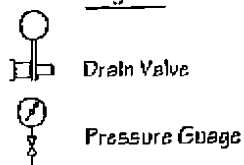
Facility/Site Name: **Ideal Concrete Block**
 Operator signature: 
 Title: **Project Manager**
 Date: **12/14/07**



EXAMPLE GROUNDWATER TREATMENT SYSTEM SIMILAR TO THE SYSTEM PLANNED FOR 232 LEXINGTON STREET, WALTHAM, MA



Legend



Groundwater may be run through the GAC units in parallel or in series.
Average flow rate of system is 60 to 70 gpm.

Groundwater Treatment System Schematic	
Not To Scale	